manslaughter of an average citizen, killed e.g. in an automobile accident, or by a trigger-happy policeman, at "semanya" on its present monetary level.

Other types of ganyen disease are forms of epilepsy, "haut mal", referred to by the Amhara as "ganyën yazï" (lit. the ganyen has seized him; plural is "aganent". In this case, a dabtara is often called in and tries to exorcise the evil spirit with magic formulae; sometimes the woggesha doctor tries to intoxicate the patient with a paste of "assärkush täbbatäbkush" (Cissus adenautha), which drug finally lets him have some rest. In contrast, the method of the täñqway is literally a bag of tricks.

In his role as magician, the täñqway is called "qumña" (from "qomï", he stood up), for he tries to identify the personality of the evil spirit from his abode; e.g. in the water of a brook, or a waterhole in the river, or under a certain tree, etc. The magician is also considered an expert on fire and lightning. When a person is struck by lightning, "mäbrëq" (lit. Thunder), the priests consider it heavenly punishment and in the past even refused to bury the victim in the churchyard; thus the täñqway is called in. His treatment consists of moving the victim quickly to the fireplace - for he regards fire and warm ashes as the counteracting principle. If a house is on fire in town, it is still believed that the magician, standing on the roof of a neighboring house with a mirror, can prevent the spreading of the fire by causing the flames to recoil.

Cases of drowning are his specialty also. This too is considered by the church a heavenly punishment for hidden crimes, for the victim is regarded as having been surrendered to the "demons";

11:Levine Z-4,5 (1958-1961)1965 MP5 Amhara MP5

paid increased attention in recent years. A new phase of public health endeavor in this decade was marked by the imposition of a nationwide health tax in 1960.

Health has become a prime objective in Ethiopia's modernization program because of a growing realization that the wide prevalence of malaria, tuberculosis, typhus, intestinal parasites, syphilis, trachoma, leprosy, and other diseases continues to sap the vitality of the nation's productive forces and to visit misery on countless peasant families. The public health forces in Ethiopia (Ministry of Public Health, WHO mission, and AID Public Health Division) have long understood that Ethiopia's health needs cannot be met by piecemeal therapy. They have undertaken a program of preventive measures by preparing public health teams in the medical college at Gondar. The college trains health officers, community nurses, and sanitarians within a common framework, so that when they go into the field they will understand each other's tasks from the start. The first public health center employing such a team was opened in the late fifties; Ethiopia's Second Five-Year Plan envisions one such center for every fifty thousand people by 1967.

The objective of these public health workers is to transmit a number of instructions—concerning personal hygiene, environmental sanitation, early care for illness, and isolation of contagious diseases—which are at variance with customary beliefs and practices. Experience with comparable programs elsewhere suggests that the success of such health teams is by no means assured.[18] What are the forces working for and against the acceptance of these new instructions by the Amhara peasantry? Both negative and positive factors may be identified with respect to each of the three general categories previously referred to: the general outlook regarding change; attitudes toward the agents of change; and degree of compatibility between the new cultural items and the old.

The Amhara peasant's general resistance to change may be presumed operative here as elsewhere, particularly since health practices are often associated with religious beliefs and sentiments. Defense of indigenous therapies has in fact become a significant channel for the expression of traditionalist sentiment, a channel that has even been utilized on occasion in the Addis Ababa newspapers.[19] And a general posture of resistance to changes in the field of health is supported by the interests of traditional practitioners, *dabtarā* and *fanquāy*, who are in danger of losing clientele if modern-trained health workers come to win their allegiance.

Counter to this conservative drag, on the other hand, is the peasant's powerful desire for one basic change in his life circumstances, namely, the reduction of morbidity and mortality. Despite his idyllic conception of paradise and his frequent contention that life on earth is something of little value, the Amhara wants to avoid death. Even from the religious point of view he is

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motivated to live as long as possible: the monk wants to live longer in order to get closer to God by prayer, and the worldly man wants to live long enough to atone for his sins so that he may enter paradise. Health thus rates as one of the most important values. The expressions for greeting and farewell stress health. Most of the prayers and vows offered have to do with achieving health. Long, painful pilgrimages are made for cures, and much money is spent for the remedies of native practitioners and for amulets to ward off illness. This powerful desire for health and life operates as a lever to overcome the resistance to change.

Toward the bearers of new ideas designed to satisfy this desire for reduced morbidity and mortality, however, the peasant's stance is suspicious and unsympathetic at the outset. He regards Ethiopians who have been educated by Westerners as contaminated by alien norms and beliefs. They appear to him as Ethiopians, but also as strangers—as "black *farañ*"—with their European clothes and their unorthodox eating and smoking habits. He tends to distrust their motives, to suspect them of being out to take advantage of him in some way. And he resents their overt or implicit disparagement of his way of life, particularly his practices in so sensitive an area as sanitation.

Against such obstacles one cultural factor that serves to present the health worker as an acceptable agent of change is the Amhara peasant's deference to the man of learning. The public health worker is in a position to inherit some of the awe felt for the learned *dabtarā*, especially since the health teams operate out of centers which provide therapy as well as instruction, which gives them the benefit of association with the quasi-magical powers attributed to one who performs successful treatment. In addition, he can be aided by the Amhara peasant's personal devotion to someone who has helped him and won his confidence. Whether this devotion can be stimulated depends, in the last analysis, on the character and resourcefulness of the public health workers themselves. Those who are able to communicate in a dignified manner with the peasants, who avoid dealing with them as an inferior and backward people, who refrain from flaunting the most important local norms, and who are on good terms with local authorities and respected men, have a substantial chance of being accepted after an initial period of suspicion and alienation. Thus it was that a Gojjami peasant, asked why some of the local people were hearkening to the advice of the public health team at Dabra Marqos, explained: "We have come to realize that what you tell us to do is for our own advantage, not yours." Elsewhere in Gojjam, a similar response was the eventual issue of a more pronounced initial rejection of public health workers. In the village of Dajan doors were closed against a venereal disease team which was taking blood samples of the entire population for Kahn test analysis. Popular suspicion was voiced in a number of ways; the health workers were accused of selling blood, of being missionaries, and of otherwise trying